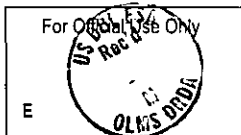


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 11738	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name FRANCIS WIRT P.O. Box, Bldg., Room No., if any Street 244 Paul Rd. City Rochester State N.Y. ZIP Code + 4 14624	4. Name, file number, and address of labor organization. Name Empire State Regional Council of Carpenters Labor Organization File Number 624569 P.O. Box, Building and Room Number, if any Street 270 Mot. Parkway Dept A. City Hempstead State N.Y. ZIP Code + 4 11788
5. Position in labor organization. Council Rep, Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount:

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Francis Wirt	Date 8/15/2005 Telephone Number (585) 328-6251

Name of Person Filing FRANCIS WIRT	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Oppenheimer Capital</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1345 Avenue of the Americas</p> <p>City New York</p> <p>State N.Y. ZIP Code + 4 10103-4000</p>	<p>14.a. Nature of payment.</p> <p>Round of Golf while attending Empire State Regional Council of Carpenters Executive Board Meeting</p>
<p>13.b. Is the Business an Employer or Consultant X ?</p>	<p>14.b. Amount of payment. \$92.91</p>

Name of Person Filing FRANCIS WIRT		File Number U.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Rochester Carpenters' Pension, Annuity, Welfare Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 244 Paul Rd. City Rochester 1 State N.Y. ZIP Code + 4 14624		14.a. Nature of payment. Expenses - Breakfast, lunch + Dinner Beverages, Parking etc. While attending Educational Conference in Puerto Rico for 5 days
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?		14.b. Amount of payment \$306.25

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Segal Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One Park Ave City New York State N.Y. ZIP Code + 4 10016		14.a. Nature of payment. Dinner + Beverages while at Educational Conference on 4/25/04
13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?		14.b. Amount of payment \$103.85

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Manning + Napier Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 290 Woodcliff Dr. City Fairport State N.Y. ZIP Code + 4 14450		14.a. Nature of payment. Dinner + a round of Golf while attending Annual Funds Meeting in Saratoga Springs NY. on 8/30/04
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?		14.b. Amount of payment \$100.00